

CLERK US DISTRICT COURT
NORTHERN DIST. OF TX

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT-APPOINTED COUNSEL (Rev. 12/03)

1. CIR./DIST./DIV. CODE NDTXAMA	2. PERSON REPRESENTED DANIEL LEE GARCIA	VOUCHER NUMBER FILED																																																
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER 2:15-MJ-10 (1)	5. APPEALS DKT./DEF. NUMBER																																																
7. IN CASE/MATTER OF (Case Name) USA v. Daniel Lee Garcia	8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other																																																
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i> Title 18 USC § 2422(b) Attempted Enticement of a Child																																																		
12. ATTORNEY'S NAME (<i>First Name, M.I., Last Name, including any suffix</i>), AND MAILING ADDRESS Christopher W. Weber Mullin Hoard & Brown PO Box 31656 Amarillo, TX 79120 Telephone Number : (806) 372-5050	13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Dates: _____ <input checked="" type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in item 12 is appointed to represent this person in this case. OR <input type="checkbox"/> Other (See Instructions)																																																	
14. NAME AND MAILING ADDRESS OF LAW FIRM (<i>Only provide per instructions</i>)	Signature of Presiding Judge or By Order of the Court Christopher E. Carter Date of Order 2/5/2015 Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO																																																	
CLAIM FOR SERVICES AND EXPENSES <table border="1"> <thead> <tr> <th>CATEGORIES (<i>Attach itemization of services with dates</i>)</th> <th>HOURS CLAIMED</th> <th>TOTAL AMOUNT CLAIMED</th> <th>MATH/TECH. ADJUSTED HOURS</th> <th>MATH/TECH. ADJUSTED AMOUNT</th> <th>ADDITIONAL REVIEW</th> </tr> </thead> <tbody> <tr> <td>15. In Court</td> <td>a. Arraignment and/or Plea b. Bail and Detention Hearings c. Motion Hearings d. Trial e. Sentencing Hearings f. Revocation Hearings g. Appeals Court h. Other (<i>Specify on additional sheets</i>)</td> <td></td> <td>0.00</td> <td>0.00</td> <td>0.00</td> </tr> <tr> <td></td> <td>(RATE PER HOUR = \$) TOTALS:</td> <td>0.00</td> <td>0.00</td> <td>0.00</td> <td>0.00</td> </tr> <tr> <td>16. Out of Court</td> <td>a. Interviews and Conferences b. Obtaining and reviewing records c. Legal research and brief writing d. Travel time e. Investigative and other work (<i>Specify on additional sheets</i>)</td> <td></td> <td>0.00</td> <td>0.00</td> <td>0.00</td> </tr> <tr> <td></td> <td>(RATE PER HOUR = \$) TOTALS:</td> <td>0.00</td> <td>0.00</td> <td>0.00</td> <td>0.00</td> </tr> <tr> <td>17. Travel Expenses (<i>lodging, parking, meals, mileage, etc.</i>)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>18. Other Expenses (<i>other than expert, transcripts, etc.</i>)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="3">GRAND TOTALS (CLAIMED AND ADJUSTED):</td> <td>0.00</td> <td>0.00</td> <td></td> </tr> </tbody> </table>			CATEGORIES (<i>Attach itemization of services with dates</i>)	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED AMOUNT	ADDITIONAL REVIEW	15. In Court	a. Arraignment and/or Plea b. Bail and Detention Hearings c. Motion Hearings d. Trial e. Sentencing Hearings f. Revocation Hearings g. Appeals Court h. Other (<i>Specify on additional sheets</i>)		0.00	0.00	0.00		(RATE PER HOUR = \$) TOTALS:	0.00	0.00	0.00	0.00	16. Out of Court	a. Interviews and Conferences b. Obtaining and reviewing records c. Legal research and brief writing d. Travel time e. Investigative and other work (<i>Specify on additional sheets</i>)		0.00	0.00	0.00		(RATE PER HOUR = \$) TOTALS:	0.00	0.00	0.00	0.00	17. Travel Expenses (<i>lodging, parking, meals, mileage, etc.</i>)						18. Other Expenses (<i>other than expert, transcripts, etc.</i>)						GRAND TOTALS (CLAIMED AND ADJUSTED):			0.00	0.00	
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19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: _____ TO: _____	20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION																																															
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number					<input type="checkbox"/> Supplemental Payment																																													
Have you previously applied to the court for compensation and/or reimbursement for this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the Court, have you, or to your knowledge has anyone else, received payment (<i>compensation or anything of value</i>) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements.																																																		
Signature of Attorney _____ Date _____																																																		
APPROVED FOR PAYMENT — COURT USE ONLY																																																		
23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR./CERT. \$0.00																																														
28. SIGNATURE OF THE PRESIDING JUDGE			DATE	28a. JUDGE CODE																																														
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED \$0.00																																														
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) <i>Payment approved in excess of the statutory threshold amount.</i>			DATE	34a. JUDGE CODE																																														